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8 July 1983

# Worldwide Report

EPIDEMIOLOGY

No. 324



FOREIGN BROADCAST INFORMATION SERVICE

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8 July 1983

# WORLDWIDE REPORT

## EPIDEMIOLOGY

No. 324

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# LOCAL STUDY OF AIDS SOUGHT; SEXUAL DISEASES ON RISE

Action in Sydney

Melbourne THE AGE in English 5 May 83 p 10

[Article by Kate Legge]

[Text] SYDNEY. — Sydney's St Vincent's Hospital will consider proposals to set up a special unit to treat a potentially lethal disease often associated with promiscuous homosexual men after reports of the first confirmed case in Australia.

The disease, acquired immune deficiency syndrome, commonly known as AIDS, leads to a breakdown of the body's immune system and decreased resistance to fungus and virus infections. Of the 1100 cases identified in the US since June 1981, 365 victims have died.

Two Commonwealth health committees are monitoring the progress of AIDS in Australia in the wake of widespread concern

that the disease may be transmitted as a result of contact between homosexuals travelling to and from the US.

Although there have been at least six suspected cases of AIDS in Australia, only one has been confirmed. Professor Ronald Penny, an immunologist at St Vincent's Hospital, diagnosed and treated an American homosexual man living in Sydney some months ago.

Professor Penny refused to comment on the case yesterday because the hospital's medical board is about to consider his request for money to establish a research unit and referral centre to monitor progress of the disease in Australia.

After reports of the isolated incident in Sydney, doctors at the

hospital are concerned about the possible spread of AIDS into Australia. The director of microbiology at the hospital, Dr Jock Harkness, said yesterday: "Our feeling is that having found a case here there should be a referral centre that takes a special interest in it."

People at increased risk include sexually active homosexual men with multiple partners, recent immigrants from Haiti, and past or present abusers of intravenous drugs — and their sexual partners.

Symptoms include an apparently persistent flu type of fever, an inexplicable weight loss of five or more kilograms, aches and pains, fatigue, sore or swollen lymph glands and the appearance of blue or purple spots or blemishes on the skin.

## Role of Promiscuity

Canberra THE AUSTRALIAN in English 6 May 83 p 9

[Excerpt] SEXUAL promiscuity has caused an increase in a number of diseases once thought to have been almost eradicated in this country.

A visiting consultant at Melbourne's Fairfield infectious diseases hospital, Dr Peter Stanley, said diseases such as hepatitis A and gastric infection had re-emerged among promiscuous homosexuals and heterosexuals.

These re-emerging diseases provided a "pool" of infections that could spread to the rest of the community.

He told a conference of the Royal Australasian College of Physicians in Perth that doctors should ask patients about their social and sexual habits if they appeared in surgery with an unusual disease.

"With an increase in hygiene and a better standard of living, diseases like hepatitis A dropped right away in Australia. Now the diseases are reappearing as being sexually transmitted."

He also said Acquired Immune Deficiency Syndrome, also known as the gay plague, was likely to spread in this country following confirmation of the first case in Sydney recently. There were also several unconfirmed cases in Sydney and Melbourne.

Dr Stanley said several sexually transmitted disease clinics had reported large numbers of homosexuals reporting a wide variety of symptoms because they feared they may have AIDS.



# NEW CASE OF AIDS FOUND; NSW RESTRICTS BLOOD DONORS

Victim in Victoria

Canberra THE AUSTRALIAN in English 12 May 83 p 3

[Text]

A SECOND case of acquired-immuno-deficiency syndrome (AIDS), the disease known as the "gay plague", has been reported in Australia, to the Victorian Health Commission.

The State's deputy director of public health, Dr Graham Rouche, said last night he had been informed by the Red Cross that a Melbourne male had contracted the disease last August in America.

The man is now an out-patient at a Melbourne hospital.

The first Australian case of AIDS was diagnosed in a Sydney man at the Royal North Shore Hospital, who is also a homosexual.

The mysterious disease attacks the body's immunity system. It has already resulted in the deaths of at least 500 people in the US.

The second AIDS victim is not yet seriously ill, but sufferers generally contract terminal cancer and are highly susceptible to infection.

The chairman of the Red Cross national blood transfusion committee, Professor David Pennington, said Red Cross officers around Australia were doing their utmost

to prevent the spread of the disease, which can go undetected during its incubation period of at least six to eight months, and sometimes as much as two years.

The discovery of the new case of AIDS coincided with the launch of a program designed to stop the spread of the disease.

The Victorian Red Cross Blood Transfusion Service is to launch an education campaign aimed at stopping the blood supplies of those most at risk from AIDS.

The campaign will address itself to high-risk donors such as male homosexuals with multiple partners and intravenous drug users.

Until the Red Cross is able to obtain laboratory tests to clarify the situation, the service's mobile units will no longer take blood from prisoners in Victorian jails.

The tentative ban on prisoners was instituted because of the high incidence of tattooing, hepatitis and male homosexuality in the prisons.

These are all factors which could put the inmates at high risk of contracting AIDS.

## Red Cross Action in NSW

Canberra THE AUSTRALIAN in English 11 May 83 p 3

[Text]

HOMOSEXUALS in States other than NSW are still welcome to donate blood, the chairman of the Red Cross National Blood Transfusion Committee, Professor David Penington, said yesterday.

Professor Penington said reports had given the impression there was an Australia-wide ban on homosexuals giving blood, but NSW was the only State in which a blood ban was thought necessary.

"Directors of all of the State blood transfusion services have been aware of the condition known as AIDS since it was first reported in the United States and, in the interests of both donors and recipients of blood, have been closely monitoring the situation," he said.

"So far only one case of this disease — not related to blood transfusion — has been reported in Australia, an individual in Sydney who contracted the disease in the United States.

"The NSW blood transfusion service has taken the necessary action to prevent blood donation by the contacts of this case."

Investigations of patients in NSW and other States would continue to determine whether or not they had been affected by the agent.

"The position will continue to be kept under close review but it is considered that there is no cause for alarm at present.

"If there is any change in this situation the public will be immediately informed."

CSO: 5400/581

AMA SEES DANGER IN REGULATIONS ON FOREIGN-TRAINED MD'S

Canberra THE WEEKEND AUSTRALIAN in English 14-15 May 83 p 5

[Article by Paul Lynch]

[Text] The Australian Medical Association has warned that proposals to relax professional requirements for foreign-trained doctors to practice locally could result in "sub-standard medical ghettos."

The association's Victorian president, Dr George Santoro, said yesterday that proposals advocated by the State minister for Health, Mr Roper, would at the very least, pose a serious threat to medical standards in Victoria.

Dr Santoro was commenting on statements made by Mr Roper that the Victorian Government was considering allowing non-English speaking doctors to work with local migrant communities.

Foreign-trained specialists may also be permitted to practice in Victoria without the normal qualifications of a general practitioner, under moves being examined by the Government.

The AMA is also concerned, Dr Santoro said yesterday, by the recent agreement of State Health Ministers that the Australian Medical Examining Council should be abolished and replaced with another testing system.

Mr Roper said yesterday foreign doctors wanting to practice in Australia were being discriminated against by the AMEC tests while doctors educated in Britain, New Zealand, Ireland and Australia were granted automatic registration.

Dr Santoro rebuffed this claim and said Mr Roper's proposals had "grave implications" for the standard of medical practice if doctors were not proficient in English.

"It is essential all doctors practicing in Australia are proficient in English even where a doctor confines his practice to his own ethnic group," he said.

"He still needs to communicate with his professional colleagues, write prescriptions, maintain medical records and keep up with medical literature as well as all the form filling associated with daily medical practice."

#### Dilution

All of these duties, in addition to legal reports and giving evidence in compensation, insurance or criminal cases, required a good standard of English.

Dr Santoro said most of the foreign doctors who failed the AMEC tests failed simply because of a lower standard of clinical knowledge rather than English comprehension.

"To alter the present requirements would lead to dilution of overall medical standards in Victoria. The AMA appreciates the special needs of certain ethnic groups, however, but these needs cannot be met by compromising professional standards," he said.

"In fact, Mr Roper's proposals could consign some of these groups to a sub-standard medical ghetto which is unfair."

END: 5400/7581

LEGIONNAIRES CASES CONFIRMED; DEATH RATE RISES

Canberra THE AUSTRALIAN in English 11 May 83 p 3

[Article by Sue Cook]

[Text]

**FIVE** cases of legionnaires' disease have been confirmed in Victoria since March. Three of the victims have died.

Only 30 sporadic cases of the disease have been diagnosed in the State since 1978 and only one of those, a Telecom employee, died.

A clinical pathologist at Fairfield Hospital, Melbourne, Dr Peter Cavanagh, said yesterday the five recent cases were an unusual group because all patients developed renal failure and required intensive care for respiratory failure.

"At the end of a long hot summer we have seen five serious cases of legionnaires' disease, only one which could be predicted," he said.

"That patient was compromised because of very toxic cancer therapy. The other four were comparatively fit men and they were comparatively young."

The patients, all males, were aged 47, 38, 47, 48 and 40.

Dr Cavanagh said that in Victoria a surprising number of cases of legionnaires' dis-

ease were diagnosed in apparently fit people.

The previous cases had been spread between both sexes and over a wide age group and varied between being comparatively fit and those who were elderly and had other conditions.

The five latest cases therefore represented an unusual cluster.

Dr Cavanagh was continuing to investigate the epidemiology connected with these apparently unrelated cases.

The editor of Communicable Diseases Intelligence, published by the Federal Department of Health, said legionnaires' disease was not notifiable in all States so no complete figures were available about its incidence throughout Australia.

However, in 1981 17 cases were notified from around the nation, and in 1982 at least 16, but this figure was provisional.

There had been a total of 26 cases in South Australia but for the other States the picture was only anecdotal.

SPREAD OF ANIMAL DISEASES TO HUMANS GOING UNDIAGNOSED

Canberra THE AUSTRALIAN in English 16 May 83 p 3

[Article by Sue Cook]

[Text]

MANY cases of a disease transferred to humans through contact with animals are not being diagnosed.

The common symptoms of human leptospirosis, for example, are similar to those of influenza and include fever, chills, headache, nausea and vomiting, but severe manifestations such as kidney failure, jaundice, haemorrhages and meningitis can occur.

The chairman of the Department of Microbiology at Monash University, Professor Solly Faine, has estimated in The Medical Journal of Australia that one in 10 dairy farmers and meat workers and one in four meat inspectors is likely to acquire leptospirosis as an occupational infection in a working life of 30 years.

"This is hardly a rare illness," he said.

All precautions and preventive measures could be assessed only if the true incidence of the disease was known.

Information

A report in the journal by the Veterinary Research Institute, Melbourne, and the Gippsland Base Hospital, said more than 200 cases of leptospiral infection were diagnosed in Victoria alone between May 1979 and May 1981.

But the official notifications of the disease in that State were only 88, and 159 in all Australia for 1980-81.

Professor Faine said similar discrepancies in statistics appeared in other States.

It was clear that only 10 to 20 per cent of the cases diagnosed by laboratories were notified.

Patients who were diagnosed as having the disease represented only those whose doctors related leptospirosis or a comparable infection as cause of illness, and sent appropriate specimens to one group of laboratories.

BELGIUM

BRIEFS

GREEK DEATH FROM AIDS--Brussels (Associated Press)--The death of the first Greek victim of the "homosexuals' disease", known as AIDS, was announced yesterday in Belgium. In a communique about the situation of the new disease in Belgium the Belgian Red Cross disclosed yesterday that 11 persons have died so far from AIDS, a disease for which no cure has so far been found. The dead include 1 Greek, 2 Belgians and 8 Africans. [Excerpt] [Athens I KATHIMERINI in Greek 23 Jun 83 p 3]

CSO: 5400/2553

INTENSIFIED CAMPAIGN LAUNCHED AGAINST MALARIA

Belize City BELIZE SUNDAY TIMES in English 29 May 83 p 5

[Text] The Ministry of Health has intensified its campaign against Malaria with assistance from a team of advisers from the Pan American health Organization (WHOL).

A Ministry official says the National Anti-Malaria Campaign has been completely revamped and that more senior medical personnel including Public Health inspectors will be involved in the campaign.

Small laboratories will be set up along with technicians in all the district hospitals in order to keep a look-out for the disease.

The campaign will also involve more spraying of affected areas and more health education programmes, community participation and according to the Ministry, inputs from the various government departments to help fight against the disease.

In planning the anti-malaria thrust PAHO provided three consultants: Dr Francisco Urribe, Malaria Programme Director of PAHO, Dr Luis Garces, Director of Costa Rica's Malaria Programme and Mr Seymour Barnes, PAHO's Health Education adviser for the Caribbean.

Recently there has been an upsurge in the number of reported cases of malaria. Last year 3,000 cases were recorded and treated, most of these were in the northern part of the country.

Malaria is known to be one of the social ills that comes along with refugees from Central America.

CSO: 5400/7582



## BRIEFS

HERPES, VENEREAL DISEASES INCREASE--There is a recrudescence of venereal diseases among young Cypriots, and this is causing concern among parents and in the medical community. According to information received from medical circles, the recrudescence of venereal diseases is seasonal and is mainly due to the increase of tourists visiting the island. The same circles note that it is much easier for a young man to "catch" a venereal disease through a chance encounter and contact rather than from a prostitute. According to the same information, the more common venereal diseases are mainly gonorrhea and syphilis. However, physicians have also noticed some cases of herpes. Finally, it is reported that about 20 to 30 cases of venereal diseases are reported weekly for all of Cyprus. [Excerpt] [Nicosia I SIMERINI in Greek 13 Jun 83 p 1]

CSO: 5400/2553

## TUBERCULOSIS CASES INCREASING AS VACCINATIONS BEING HALTED

Copenhagen BERLINGSKE TIDENDE in Danish 3 Jun 83 p 1

[Article by HZ: "Tuberculosis Vaccination Being Stopped in Spite of New Cases of Infection"]

[Text:] Although nine children now are infected with tuberculosis at the day nursery in Overodvej in the parish of Solleroed, the occurrence is regarded as quite exceptional and as having resulted from an unfortunate combination of circumstances. This presumably will not have any influence on the plans they have for doing away with tuberculosis vaccinations altogether in this country at the end of 1983 or the beginning of 1984. In that connection, Chief Physician Dr Michael von Magnus, of the National Health Service, refers to Holland, where they do not vaccinate against tuberculosis any longer, and where they nevertheless have more tuberculosis than we have in this country.

District Medical Officer Carl Johan Sievers says, in regard to the latest four cases from the day nursery in the parish of Solleroed, that the disease was revealed by the tuberculosis examinations that had been performed last week, and none of the children had symptoms at that time.

Tuberculosis is infectious among children extremely rarely, and it is only spread by bacteria that are released by coughing. Therefore it is believed likely that there will not be a large number of cases, but one cannot entirely exclude that possibility, and it will not be until the end of June, when they will perform another test, that they will probably be able to say that a large number of cases will not emerge.

The 21-year-old employee who is thought to be the source of the infection, and who is doing rather well in spite of the illness, left the institution for children in the middle of May after having been ailing for some time. The picture is also blurred by the fact that there were cases of measles in the day nursery at that time, too, and consequently many children were ailing a bit. That may also have reduced their resistance. They all are doing well, and they are expected to be discharged in a few weeks, and after that they will continue to be treated at home with antibiotics, but they will be permitted to move about freely and will not be considered infectious--and in fact they are not considered infectious at present.

9266

CSO: 5400/2549

ECUADOR

BRIEFS

DISEASE OUTBREAKS--Quito, 8 Jun (DPA)--Dangerous typhoid and malaria outbreaks have been detected in El Oro Province, bordering on Peru, which have resulted from the floods affecting the Ecuadorean coast. According to reports from Machala, numerous typhoid and malaria cases have also been detected on the other side of the border, in Peru. [Excerpt] [PA091828 Hamburg DPA in Spanish 1826 GMT 8 Jun 83]

CSO: 5400/2090

GHANA

BRIEFS

CHOLERA KILLS SEVERAL PERSONS--There has been a cholera outbreak in Jamasi in Ashanti. According to our correspondent, the outbreak which was reported early last week has claimed several lives. Meanwhile, medical personnel from Agona and Mampehi have been rushed to the town to treat new cases. The Kwabuesi district secretary, Mr Ansah, has mounted a campaign to educate the people in personal hygiene. [Text] [AB101735 Accra Domestic Service in English 1700 GMT 10 Jun 83]

CSO: 5400/281

## BRIEFS

GOITER SAID TO BE WIDESPREAD--New Delhi, Sat--Some 170 million Indians are suffering from goitre--an enlargement of the thyroid gland, producing a swelling in front of the throat, the Nutrition Foundation of India (NFI) said. Foundation President Dr C. Gopalan said inter-sectorial co-ordination, genuine concern for the victims among officials and increased production of iodised salt would help eradicate the disease. He said that goitre control could not be achieved through a massive once-and-for-all operation such as smallpox eradication. Goitre control like that malaria requires sustained vigilance and efforts for years, he said. The Foundation has prepared a goitre control programme and called for the establishment of at least 30 iodised salt plants in the country to meet the growing demand. The Indian population today stands at about 700 million. Meanwhile, a local report here said eight people have died of cholera in an east Indian village during the past week. Some 20 people stricken by the disease in Suguali village in the Bihar State have been admitted to a state-run hospital. [Text] [Kuala Lumpur NATIONAL ECHO in English 12 Jun 83 p 5]

OUTBREAK OF DYSENTERY REPORTED--New Delhi, 18 Jun (AFP--An outbreak of dysentery has claimed 11 lives over the past week in a village in northeastern Manipur State, a health official said today. Dr Chaoba Singh, state epidemics director, told the PRESS TRUST OF INDIA that among the dead were six children. A medical team was camping in the area of the outbreak and the situation was now under control, he said. [Text] [Hong Kong AFP in English 18 Jun 83 BK]

CSO: 5400/4729

## BRIEFS

LEGIONNAIRES -WASTE WATER LINK--A suspected connection between irrigation employing waste water and the respiratory ailment known as "legionnaires' disease" has been discovered by scientists at the Hebrew University-Hadassah Medical School at Ein Kerem. Preliminary findings of the study are to be presented by Dr. Badri Fattal, Prof. Hillel Shuval and Dr. Hillel Bercovier at the Second International Conference on Ecology and Environmental Quality, to be held on the university's Mount Scopus campus tomorrow through Thursday. Taking part in the conference organized by the Israel Ecological Society will be some 350 researchers from 14 countries, including England, France, Germany, Italy, Japan, Rumania, Singapore and the U.S. "Legionnaires' disease," an illness of the respiratory tract, was discovered in Philadelphia in 1976. It was subsequently found that the bacterium that causes the disease, named legionella, is a natural bacterium often found in algae-laden water. The researchers hypothesized that the disease can be contracted by inhalation of aerosols formed by sprinkler irrigation. [Jerusalem THE JERUSALEM POST in English 23 May 83 p 3]

CSO: 54C0/4521

## DENGUE SITUATION WORSENS IN SARAWAK

Kuala Lumpur THE NATIONAL ECHO in English 28 May 83 p 2

[Text]

KUCING, Fr. — The dengue situation in Sarawak this year has worsened, a statement from the Medical Services Department said.

A total of 22 cases — 15 dengue fever cases and seven dengue haemorrhagic fever — have been reported in the state this month alone, compared to nine for the same period last year with the main affected districts of Kucing, Sibu and Lawas accounting for 91 per cent of the total cases reported.

In the Kucing district, in the First Division, cases were reported from Jalan Saitok, Sungai Apong, Kai Joo Lane, Three Hills Park, Gambier Street, Kampung Bako and Nonok and Siburan.

In the Sibu District, in the Third Division, Hua High Road, Duta Estate and Lucky Road were reported to be the main infected areas while in Lawas District in the Fifth Division, cases were reported from Kampung Panting, Temangga, Sebrang and Lumut.

The Medical Department and the local authorities in the state are

now stepping up the aedes mosquito surveillance and control to cover all the high risk areas.

Necessary control measures including fogging and health education activities are also being carried out by health authorities in the affected areas.

A total of 61,942 premises are at present placed under monthly or quarterly inspection to monitor the aedes densities.

Meanwhile the Medical Department has also carried out a aedes mosquito survey with the aim of identifying the potential high risk areas in Kucing and Sibu where the outbreak diseases is likely.

The survey being carried out in those areas has revealed that the density of aedes is well above the transmission threshold.

A spokesman of the State Medical Department advises members of the public, building contractors, land developers, factory owners, petrol stations and hotels to take necessary measures to prevent the breeding of these mosquitoes — *aedes aegypti* and *aedes albopictus*.

# HEPATITIS B VIRUS SPREADING IN OSLO

Oslo DAGBLADET in Norwegian 3 Jun 83 p 9

[Article by Martin Nilsen: "Afraid of Deadly Virus in Our Job"]

[Text] Fear of the virus illness hepatitis B is spreading among the doctors and drivers of Oslo's emergency ambulance corps. The liver inflammation goes from blood to blood. Hepatitis B is widespread among the drug addicts who use syringes for injections and whom the ambulance personnel must constantly help.

"Now we are asking for preventive vaccination," says shift-leader Sveinn Gutterup and anesthetist Camilla Arnesen to DAGBLADET.

"This concerns us very much. We are constantly afraid of being infected," says Arnesen.

## Two Dead

An anesthetist at Ulleval died a couple of years ago after being infected with hepatitis B. He was 36 years old. Recently a doctor in Bergen died from the same cause.

"A number of doctors at Ulleval have been infected, and the same goes for drivers," Gutterup says.

## List of Drug Addicts

Doctors and drivers of the ambulance service in Oslo have begun to compile lists of addicts with whom they have contact.

"If they are taken to the hospital, we ask for an immediate blood test to determine if they are infectious," Arnesen says.

She complains that the laboratory does not have the capacity to check blood tests between Friday and Monday morning.

## Fights

Prompt action is necessary, and if it is known that someone is infected, the health personnel can be vaccinated.



The danger of infection is particularly great in those situations where we come in contact with addicts. If we come upon an addict who has taken an overdose, we often must give him an antidote at the same time as we try to keep him breathing.

"The effect of the antidote is good, and they are soon conscious. They then attack us furiously because we have destroyed their dose," Gutterup says.

General III

The ambulance personnel has lived for years with the danger of infection from addicts, but the number of cases has increased in recent years.

"It is worst when we encounter addicts in accidents. Blood is streaming but we don't know we are taking care of addicts until long afterwards. When an infection develops, we have to go to the hospital for vaccination, but we would prefer to have it to prevent infection," Gutterup says.

1,000 Kroner for Each Vaccination

Each vaccination against hepatitis B costs 1,000 kroner. It has been established that the price and the vaccine not being readily available in Norway has led to the situation where the health personnel regards itself threatened by not being vaccinated against the risk.

"We have vaccinated a number of surgeons who are exposed because of their operations, but otherwise the State Institute for Public Health is quite restrictive in providing vaccine," Johan S. Bruun, medical director of the infectious division at Ulleval hospital tells DAGBLADET.

By Ole Loo

Bruun says that between 50 and 100 cases of hepatitis B are detected among drug addicts in Oslo each year.

"We have also come across another kind of hepatitis virus which has not been identified and which we cannot treat," Bruun says.

1893

1801 1400/2550

## TIBB BODY DEMANDS REPRESENTATION IN PROVINCIAL COUNCILS

Karachi DAWN in English 8 Jun 83 p 8

[Text]

PESHAWAR, June 7. Hakim Mufti Sadiq Anis, Chairman of the National Tibb Council, has demanded representation of tabibs in Provincial Councils and early nomination of their representative to the vacant Majlis-e-Shoora seat due to the death of Hakim Navwar Wasti.

He also called for appointment of Section Officers in the Health Departments of NWFP, Sind and Baluchistan, on the pattern of Federal and Punjab Health Secretariats, to deal with cases pertaining to promotion of Islamic Tibb, establishment of 50-bed Tibbi hospitals in the four provinces and Tibbia Colleges at Peshawar and Quetta.

Addressing a Press conference here on Monday, Hakim Anis urged that the local bodies should establish Tibbi dispensaries, as has already been done at places in the Punjab.

He also demanded recognition of Tibbi-Islami by the Government in the manner already done by PLA, the State Bank and some other institutions.

Hakim Anis regretted that the scheme prepared by the National Council of Tibb and approved by President Zia-ul-Haq three years ago remains unimplemented despite Presidential instructions. He held vested interest in the Health organisations were responsible for this delay.

The Council Chairman criticised

the Peshawar Municipal Corporation for converting a Tibbi dispensary into a allopathic dispensary even though its foundation was laid by Hakim Mohammad Saeed, a former Adviser to the President and demanded its restoration. He also requested Governor Fazle Haq to include Islamic Tibb in the Social Security institutions in the province.

Hakim Anis regretted that red-tapism and deliberate negligence had delayed establishment of the Tibbi Research Council for which Rs. 50 lakh had been allocated by the Government. He, however, thanked President Zia for the Rs. 10 lakh special grant for Tibbia colleges and hoped it would be raised to Rs. 20 lakhs next year, as recommended by the National Council.

### Sixth Plan

Appreciating allocation of Rs. 480 million for promotion of Tibb in the Sixth 5-year Plan, the Council Chairman hoped that the schemes prepared for the purpose would be duly implemented. These schemes include establishment of Tibbia colleges attached teaching hospitals in the four provinces, opening of about 600 Tibbi dispensaries, setting up of a National Institute for Tibbi Research at Islamabad and a separate Institute for production of medical herbs in the country.

**MEASLES EPIDEMIC IN LARKANA REPORTED**

Karachi DAWN in English 8 Jun 83 p 8

[Text]

LARKANA, June 7: Measles epidemic has broken out in Larkana District. Every third case in the Children's Hospital O.P.D. being registered is of this diseases, said Dr. Noor Ahmed Channa, Paediatrician and Head of the Children Hospital.

He further said it was surprising that so soon after the completion of the Crash Immunization Programme in Larkana District this epidemic has broken out.

Dr Channa said the ages of the patients range between two months to seven years, he said.

He said malnutrition lack of personal hygiene are the basic factors responsible for the spread of such diseases.

He also said that diarrhoea was the second most, prevalent diseases among the children in Larkana.

CSO: 5400/4728

## STATE OF GENERAL PRACTITIONER DESCRIBED

Islamabad THE MUSLIM in English 4 Jun 83 p 4

[Article by Dr Zaheer Asghar Khan, M.B.B.S. National Market, Asghar Mall Scheme off Chandni Chowk Rawalpindi]

[Text]

IN THE advanced countries of the world, they have learnt by (bitter) experience, that the best treatment a patient can get, is from his family physician the other name for a general medical practitioner or a g.p. for short. Amongst other reasons, this is because the g.p. usually has known the patient intimately for a long time, has knowledge of the patient's past medical history, his family history, the medicines to which he responds better, his allergies etc. And if the patient needs a second opinion or the care of a specialist, or an operation or hospitalisation, the g.p. is always able to guide the patient to the best specialist. In these countries, when a specialist gets a case referred to him by his general-practitioner colleague, he may order some investigations and when he has arrived at a diagnosis and upon a line of treatment, HE SENDS BACK the patient to the referring general-practitioner with his opinion, suggesting the necessary line of treatment. Three objectives are thus fulfilled. The patient gets the best possible treatment which is always the prime consideration, the general-practitioner continues to learn from his specialist colleague, and the patient is saved from the expense of going back to the specialist again and again for minor complaints.

Now let us see what happens in Pakistan. I am a general medical practitioner. Whenever necessary, I refer my cases to different specialists, may be medical or surgical or others. In all such cases my purpose is not only to give the patient benefit of a second opinion, but also to learn, where and if, I made a mistake in diagnosis or treatment

and whether I missed any signs or symptoms in that particular patient. If I feel inadequate to treat him or if the patient appears dissatisfied with his progress, I will not hesitate for a moment, nor feel ashamed, to send him to another doctor or a specialist for a second opinion. Unfortunately, however, my objectives are hardly ever fulfilled. What happens usually is that the patient ends up nearly with the same prescription as I was giving him, with perhaps some change of brand-names here and there. It is debatable whether the patient was better-off with me or with the specialist. But what is not debatable, is that the specialist has not behaved properly with me. Instead of sending my patient back to me, with his advice, the specialist has taken away my case. I lose not only my patient, I also lose my patient's confidence, because he (wrongly) comes to think that I was not skilled enough to treat him properly, and next time he would not come to me even for minor ailments. Further the patient is now obliged to go back to the specialist for every minor complaint on his current disease and every time he goes he has to pay the specialist's fee which may not be less than Rs. 60/- to Rs. 100/- each time. In Pakistan these days, there is a craze for specialists' care. Any body and every body who has 2 sneezes, must see an ENT specialist, he with irritation and redness in the eye will go to an Eye specialist, the one with backache must go to the orthopedic surgeon and he with tummy ache to an MRCP or still

better or FRCP. Not only that, the specialists are spending most of their time at their clinics, treating simple cases of boils, running noses, diarrhoeas and bacchaches, thus wasting their skill and expertise. Everybody especially the moneyed class, thinks that a general practitioner is the illiterate of the profession, that he knows nothing and that it would endanger their life and health if they ever so much as went near a general practitioner for their treatment. Little do they realise that a general practitioner is the best medical specialist (and a family-friend and well-wisher) they can ever get. He has all the knowledge and training for his vocation and what few people realise, a g.p. has far greater experience, of disease and patient-care than any specialist can have, for the simple reason that a specialist may see 10-20 cases a day while a g.p. may see even a 100 cases a day. However the disadvantage is, that a g.p. is likely to treat you more cheaply, and may not use high-sounding and expensive drugs where cheap and more effective drugs are available. Some people want a quick cure for every ailment that they may get. They want to be cured of osteoarthritis and rheumatoid arthritis, of angina and high blood pressure, of diabetes and asthma and other similar chronic diseases. They do not realise that some diseases will persist for many years or even for the life-time of the patient and that there is as yet no long-term cure for such diseases. At best, these diseases can be controlled, and the patient afforded a measure of relief, even by the best of specialist, for just as long

as the patient continues to take his treatment.

And lastly, there is the small question of remuneration for the services rendered by the general medical practitioner. It is a shame, that except in extremely rare cases, scattered about only in some big cities of Pakistan, an M.B.B.S. graduate doctor, doing private practice is not paid any consultation fee throughout the length

and breadth of Pakistan. He has to live on the sale of drugs and all he is allowed is a small commission, out of which he has to pay rental on the clinic premises, salaries of staff, price of drugs he has to buy and stock, bills of electricity, gas and telephone and many other expenses. It is indeed a small amount which is left to him for the needs of his family. The time has come when the exploitation of

the general medical practitioner must end. He must no longer be taken for granted nor treated as second-rate. Most important, he must be allowed a reasonable consultation fee commensurate with his skill and the present high cost of living, and he must not be treated as a glorified chemist, forced to subsist on the sale of medicines to his patients.

CSO: 5400/4727

## PAKISTAN

### BRIEFS

**NO SMALLPOX REPORTED**--Small-pox has been completely eradicated from Pakistan and not a single case of the disease has been reported from any part of Sind. This was observed by a spokesman of Sind Health Department while refuting observations made in a section of the Press alleging that symptoms of small-pox had been noticed in the desert area of Tharparkar. The spokesman further pointed out that small-pox had been banished not only from South Asia but also from the world as a whole. As regards vaccination as a precautionary measure against the disease, he said that intensive campaign should soon start under the "Accelerated Health Programme during the next financial year covering even the far-flung habitations in the Desert area. [as published] [Text] [Karachi MORNING NEWS in English 7 Jun 83 p 10]

CSO: 5400/4727

GANSU STRIVES TO CONTROL ENDEMIC DISEASES

OW020131 Beijing XINHUA Domestic Service in Chinese 0205 GMT 1 Jun 83

[Excerpt] Lanzhou, 1 Jun (XINHUA)--The Gansu Provincial CPC Committee and the provincial people's government have decided to improve the prevention and treatment of endemic diseases. They have urged the endemic disease prevention and treatment department to make still greater achievements and to strive to ease the people's sufferings in the disease areas. They have also called on other departments concerned and various localities to firmly support the prevention and treatment of endemic diseases.

Gansu Province is one of the regions with comparatively serious endemic diseases. Before 1971, there were more than 1.2 million patients of various endemic diseases such as goiter, Keting disease [ke ting 0344 3060], Keshan disease [ke shan 0344 1472], Kashin-Beck disease and fluoride poisoning. Many years of efforts to prevent and treat the endemic diseases, particularly efforts in recent years, have basically brought some of them under control. However, there are still some 720,000 patients. In order to improve the prevention and treatment of endemic diseases, the provincial party committee held a special meeting on 26 May. Principal leading comrades of the provincial party committee and the provincial people's government and responsible persons of various departments concerned attended the meeting. At the meeting, Secretary Li Ziqi of the provincial party committee and Governor Chen Guangyi called on the leading cadres at all levels to be deeply concerned about the people's sufferings in the disease-stricken areas, support the prevention and treatment of endemic diseases with a high sense of responsibility and regard achievements in preventing and treating endemic diseases as one of the signs of progress in building the two civilizations.

CSO: 5400/4146

# ANTI-RABIES CENTER OFFERS PREVENTIVE MEASURES, TREATMENT

Lima EL COMERCIO in Spanish 7 June 83 p D-1

[Article: "The Onset of Rabies"]

[Excerpt] The turn of the tide in the terrible rabies malady that was recorded recently--especially in May of last year when there were 170 cases--was due essentially "to the discontinuance of vaccination programs," said Dr Juan Nakajata Ayllon, director of the Anti-Rabies Center, who emphasized also that it is necessary that people become aware of the danger they incur when their dogs are not vaccinated in time.

He said that the malady was under control until 1979, but the following May a first case appeared. "In November of 1982, when the epidemic--or epizootic disease, as we call it--occurred, we began a vaccination program to counteract the epidemic--caused by poisoning from wandering animals. The vaccination program actually was scheduled for March, but could not be carried out at that time because the National Health Institutes, which supplied us with vaccine, could not do so because they had stopped its production. We therefore had to delay it a little longer," explained Nakajata Ayllon.

(In 1980, canine rabies reappeared in Lima, specifically in the San Martin de Porras area. Up to December of that year there were 46 cases of animal rabies. During the following year, 1981, there were 592 cases; and in 1982 there were 1,023 cases, owing to the above-mentioned epidemic).

During that period work was done in hospitaler areas and recently in June there was public bidding to obtain quality vaccine and good prices, among other factors that had to be taken into account.

"In July mass vaccination was begun throughout the department of Lima, which was continued until October. As I said before, there was an epizootic disease, or epidemic, of rabies last year. About 82 percent of the population was vaccinated, and we have substantially reduced the number of cases of animal rabies since, in contrast to May of last year, only 19 cases have now been recorded," he added.



### Lack of Resources

Dr Nakajata Ayllon admitted that, although the Ministry of Health is cooperating fully in the task of eliminating rabies, there is still a considerable lack of resources to carry out greater and more effective coverage.

"We cannot do more with our human resources, but the Anti-Rabies Center has provided us with resources and the personnel needed to make tests and diagnoses, and now the Panamerican Health Office has supplied us with the materials and teams needed to make entitlement tests, whereby doses are reduced from 14 to 7 or 5 with their respective boosters, such as is already done, for example, in Chile," he said.

For this it is necessary to take blood from a patient to make a requirement determination. After an analysis, it is possible to establish the patient's defenses against rabies.

"We have worked out a program and have implemented it in all of the hospital areas at the regional level, but what happens? An afflicted person comes to the Lima Anti-Rabies Center, but now--by higher authority--any patient who is treated here is then transferred to a health center near his home where vaccine can be administered to him," he said.

But when he was asked if this is not the main reason that cases of neglect have recently been noted, Dr Nakajata said that those health centers have the obligation to supply vaccine to the patient.

"That is precisely why we are trying to provide treatment in the periphery, in order to spare patients who do not have time or the means from being obliged to come here," he specified.

He also pointed out that there are specialized personnel in the areas to observe any dog that has bitten a person and the personnel may even go to the owner's home to make a check. A veterinarian may also make that check, but must give a report to the Anti-Rabies Center after 10 days.

"Only it is necessary to take into account that if the animal has rabies, it will actually die in 10 days, because when it attacked a person it was in the mad stage. The brain is later removed and laboratory analyses are made which, if positive, determine that the person is to be vaccinated. Also, if the dog is vaccinated or the bite is on the face, 3 doses are administered to the person," he said.

8255

CSO: 5400/2086

PNEUMONIA CASES UP AT SAN LAZARO

Manila BULLETIN TODAY in English 11 Jun 83 p 5

[Text]

Sudden changes in weather in the past few days have resulted in an increase in the incidence of pneumonia.

The Disease Intelligence Center (DIC) of the Ministry of Health reported yesterday 142 cases of pneumonia who were hospitalized last week at the San Lazaro Hospital (SLH).

The latest count was seven cases higher than the previous week and was just approaching the five-year median of 152, Dr. Julio P. Valera, DIC chief said.

According to records of the SLH, 127 cases came from Metro Man-

ila while the rest were from neighboring provinces and cities.

Pneumonia, a serious contagious disease of the lungs, usually develops from untreated cold or influenza. Symptoms of pneumonia are headache, sudden onset of high fever and chills, stabbing pain in the sides, cough and fatigue.

Health authorities advise all persons with pneumonia to stay warm in bed and have all discharges and articles disinfected.

Pneumonia can be prevented by avoiding crowds and contact

with pneumonia patients, resting when a cold develops, and observing proper personal hygiene.

The DIC reported a decrease in diarrhea and measles with 70 and 68 cases, respectively. Typhoid fever also decreased by seven cases from the previous week.

It was also reported that seven cases of poliomyelitis were admitted at the SLH which is higher than the previous week's five cases but still lower than the five year median of nine.

CSO: 5400/4429

CHOLERA HITS POLILLO ISLAND

Manila BULLETIN TODAY in English 3 Jun 83 pp 1, 12

[Article by Owen Masaganda]

[Text] Lucena City, June 2--A cholera el tor epidemic has stricken Polillo island in Panukulan, Quezon, claiming the lives of a number of residents, health officials here said.

The disease intelligence center of the Ministry of Health inquired from Region IV Health Director Jose Ybanez and was told that cases suspected to be cholera el tor had been reported. However, Ybanez did not give any casualty figures.

Ybanez reported the situation is not serious and medical supplies had been sent to Quezon.

The DIC said it suspects that the cases are only diarrhea which could have been caused, it said, by contaminated water from open wells. Polillo island has no water pipe lines.

Earlier, Dr Virginia Basaca Sevilla of the San Lazaro Hospital, confirmed that based on blood samples of some victims brought by Dr Benjamin Torres of Panukulan, the deaths were caused by the "V Ogawa cholera el tor."

CSO: 5400/4428

CONTAGIOUS DISEASES ON INCREASE

Manila PHILIPPINES DAILY EXPRESS in English 31 May 83 p 18

[Text]

**MEASLES** and typhoid fever cases in Metro Manila decreased last week, but all other communicable diseases are on an uptrend, the health ministry said yesterday.

The Disease Intelligence Center, which records the incidence of communicable diseases in the metropolis, said among those which showed marked increases were diarrhea, and diphtheria, two of the leading communicable diseases.

Dr. Julio P. Valera, DIC chief, said measles dipped to 94 cases, 16 cases lower than the previous week's figure. He said, however, that this number is still higher than the five-year median of 78 cases.

Of the number, 84 cases came from Metro Manila, Valera said. The rest came from neighboring cities and provinces.

**TYPHOID FEVER** last week reached 11 cases, below that of the previous week's 17 cases and lower than the five-year median of 13, he said.

Caloocan City and Manila were the source of all but one of the typhoid cases.

Valera said last week's incidence of diarrhea upped to 91 cases from the previous week's 82 cases. The number is lower than the five-year median of 203 cases, he said.

Diphtheria increased by 11 cases, from last week's 22 cases. Valera said the number is also higher than the five year median of 24 cases.

CSO: 5400/4428

TYPHOID FEVER WARNING ISSUED BY HEALTH AUTHORITIES

Manila BULLETIN TODAY in English 4 Jun 83 p 5

[Text]

Health authorities warned the public yesterday against eating peddled food, a common source of diseases, particularly typhoid fever.

The warning was issued as the Disease Intelligence Center of the Ministry of Health reported an increase in cases of typhoid fever since last week.

A total of 19 persons with typhoid fever were hospitalized at the San Lazaro Hospital (SLH), bringing to 57 the total number of typhoid fever cases reported in the past few weeks.

The latest tally was higher than last week's 11 cases and the five-year median of nine.

Metro Manila accounted for 15 cases, nine of which came from Manila and one each from

Makati, Mandaluyong, Quezon city, Caloocan city, and Pasay city.

Four cases came from the neighboring provinces of Bulacan, Pampanga, and Bataan.

Typhoid fever is caused by bacilli which enter the body through contaminated food or water. It can cause mental dullness and slight deafness.

Shellfish taken from sewage-contaminated beds and raw fruits, vegetables, and milk and milk products contaminated usually by carriers or missed cases can transmit the disease, a health report said. Flies can also infect food.

Symptoms of typhoid fever are headache, continued fever for two weeks or more, abdominal pain, and constipation or diarrhea with dark stools.

CSO: 5400/4428

## PORTUGAL

### INCIDENCE OF TUBERCULOSIS INCREASES

Lisbon O JORNAL in Portuguese 27 May 83 pp 30-31

[Excerpts] The statistics are conclusive: the rate of pulmonary tuberculosis has been on the rise in Portugal. From 6,635 new cases recorded in 1979, 6,873 were recorded in 1980, 7,249 in 1981, and 7,658 (a provisional figure) in 1982. In other words, the rate has increased from 68 new cases per 100,000 inhabitants in 1979 to 76 at present.

According to Dr Leal Goncalves, there is still "no cause for national alarm," but "people should certainly be on the alert, as should the medical services, as these figures show that leaders need to give the disease the significance it deserves."

To be more specific, roughly one half of the Portuguese population, or even more, carries the Koch bacillus in a dormant state, just waiting for any upset for it to break out in the form of a disease... Dr Leal Goncalves went on to say that "every one of us can be infected from childhood and die at 80 years of age without ever having had tuberculosis. However, because of other illnesses associated with it, or because of general physical weakness, or unstable or unsafe conditions, or social stress, the infection becomes a disease."

#### Many "Pressures"

According to Dr Goncalves, it was not by chance that new cases began to break out beginning on 25 April, since "social unrest was followed by a severe economic recession." People were "preoccupied and involved in other things," and were distracted or neglected to a certain extent to take care of themselves. And, they did not pay any attention when they were affected by symptoms characteristic of the disease. They did not go to the doctor. And then, once the disease broke out--and we are referring to pulmonary tuberculosis, as it is the most significant, accounting for 75 percent of the cases, and extremely dangerous because it is so contagious--the carriers were undiagnosed and had not been treated, and so continued to infect other persons.

### The Trauma Factor

It is not by accident that youth are among the people most exposed to the disease.

It is also not by accident that the influx of thousands of people from the former colonies is a factor in the outbreak of tuberculosis, "which was steadily decreasing, and then began to increase slightly," or in other words is not now on the decline.

### Control, Evaluation and Monitoring Sector

#### New Cases of Tuberculosis--1982

Districts	New Cases of Tuberculosis	Percentage of Total	Population (Thousands)	Rate
Aveiro	393	5.09	644.1	61.1
Beja	164	2.14	222.9	73.6
Braga	441	5.76	697.2	63.3
Braganca	66	0.86	213.1	30.9
C. Branco	140	1.83	279.7	50.1
Coimbra	273	3.56	480.1	56.9
Evora	84	1.10	203.8	41.2
Faro	278	3.63	336.8	82.5
Guarda	137	1.79	249.8	54.8
Leiria	202	2.64	438.8	46.0
Lisboa	1,997	26.08	2,006.7	99.5
Portalegre	87	1.14	164.3	53.0
Ponte	1,336	17.45	1,562.3	85.5
Santarem	223	2.91	503.6	44.2
Setubal	616	8.04	547.4	112.5
V. Castelo	177	2.31	281.6	62.9
V. Real	188	2.45	313.6	60.0
Viseu	259	3.38	478.5	54.1
Azores	438	5.72	248.8	176.1
Maderia Islands	159	2.08	247.6	64.2
TOTAL	7,658		10,120.7	75.7

Footnote: provisional figures.

Tuberculosis Control Service  
 Control, Evaluation and Monitoring Sector  
 Tuberculosis in the Working Population  
 Temporary Leave or Disability  
 Loss of Productivity/Transfer of Work  
 1982

Month	Subsidized Days of Absence	Jobs (in thousands of escudos)
January	94,369	27,528
February	89,760	23,844
March	105,094	28,526
April	82,138	26,242
May	85,399	25,578
June	84,299	27,191
July	88,198	26,855
August	86,051	27,456
September	100,235	28,907
October	87,267	27,802
November	90,896	31,580
December	79,407	27,989
TOTAL	1,073,113	329,498

Figures from the Special Welfare System (for rural areas) are included.

Information provided by the Institute for Financial Management of Social Security.

Footnote: These figures do not include the following: students, family members, armed forces and military personnel, SAMS and others with a special status.

9805

CSO: 5400/2344



## PORTUGAL

### BRIEFS

HEPATITIS CASES, VICTIM--The triweekly publication O SETUBALENSE yesterday reported 16 cases of hepatitis in Setubal district in April, one of them fatal. The first case of infections hepatitis was recorded in the former Bocage highschool and led to the death of a student, Ana Paula Marques Russo, 15 years of age. Caramelo Domingues, the health representative in Setubal, told the publication that six cases were reported later on in Setubal, five in Palmela, and two in Barreiro and Seixal. The epidemic is not confined to any age group, since the victims have ranged in age from 6 to 44 years. Caramelo Domingues added that "this number of cases is expected, and there is no cause for alarm." [Text] [Lisbon DIARIO DE LISBOA in Portuguese 20 May 83 p 8] 9805

PORTALEGRE TYPHOID--The local medical director confirmed this morning to DL that an outbreak of typhoid fever in Portalegre has resulted in the hospitalization of four children. The infectious disease originated in a polluted water fountain in an outlying district of the city of Alentejo. Assentos district, as it is called, has sanitary water, but the children must have drunk water from a fountain there. The sick children range in age from 3 to 8 years and were committed to Portalegre district hospital. One of them, who was admitted 10 days ago, was released 2 days ago and the others are reacting well to treatment. [Text] [Lisbon DIARIO DE LISBOA in Portuguese 18 May 83 p 24] 9805

BRIEFS

DIARRHEAL EPIDEMIC REPORTED--The diarrhoeal epidemic in the tea plantations has claimed close to a 100 lives, the Ceylon Workers Congress [CWC], the premier estate sector trade union, told President J. R. Jayewardene yesterday. Its Secretary General S. Sellasamy complained that the health authorities and the estate superintendents had not taken adequate action to curb the spread of the disease, and bring down the high mortality rate. Mr Sellasamy told SUN yesterday that the causes of the diarrhoeal epidemic were yet to be identified, but the drought had made it spread. Over 50 of the victims had been children, he said. [Text] [Colombo THE SUN in English 24 May 83 p 1]

CSO: 5400/4726

## BRIEFS

**MWANZA MEASLES VACCINATION CAMPAIGN--Mwanza--**The Mwanza municipality has begun mass vaccination of children against measles following its outbreak five months ago. The Municipal Health Officer, Dr H.S.S. Hamudu, told Shihata the town were expected to be vaccinated during the campaign which started on May 24. He said 15 vaccination centres have been set in the municipality. They are at Makongoro, Butimba, Nyegezi, Nyanwilolelwa, Igogo, Karume, Tangabuye, Pasiansi and Kirumba dispensaries. Dr Mamudu said mothers in the municipality's suburbs had responded well compared to those in the town centre. He urged mothers with children aged from six months to five years to have their children vaccinated against the killer disease. Two weeks ago Mwanza Regional Health Officer E Mapunda said 56 died in Mwanza District and 316 others were treated since the outbreak of the disease in the district. [Text] [Dar es Salaam DAILY NEWS in English 31 May 83 p 3]

**MWANZA REGION DYSENTERY DEATHS--Mwanza--**Fifteen people have died in Sengerema and Geita districts in Mwanza Region following an outbreak of dysentery in the areas. The Regional Medical Officer, Dr E.K. Masali, told Shihata that affected areas in Sengerema District included Itabagumba, Kahunda and Maisome villages. He said five out of 67 patients treated at the district hospital between May 1 and May 18 had died. Within the same period, ten people died in Geita District with 177 others hospitalised. Dr Masali blamed poor sanitation, dirty water and absence of pit latrines as the main cause of the disease. [Text] [Dar es Salaam DAILY NEWS in English 26 May 83 p 3]

CSO: 5400/279

## BRIEFS

CHOLERA OUTBREAK IN BENI--Kinshasa, June 18 (AFP)--A cholera epidemic has broken out at Beni, in the Kivu tourist region in eastern Zaire, Information, Culture and Arts Minister Kande Dzambulate said here in his weekly report of government business. Mr Kande, who stressed that the situation was not dramatic, said the government had taken urgent measures to bring the disease under control. But he did not say what measures had been taken. It was the first time in several years that cholera had broken out in Zaire. The last recorded cases were in September, 1979, in the towns of Bumba and Lisala in the equatorial region in the northwest of the country. [Text] [AB181235 Paris AFP in English 1228 GMT 18 Jun 83]

CSO: 5400/280

## BRIEFS

'MYSTERIOUS DISEASE' DEATHS, INCIDENCE--Three babies have died and 53 others hospitalised in an outbreak of a mysterious disease which has petrified medical authorities at Mutenda in Chingola. Chingola Government medical officer, Dr Girraj Saran Saxena, and governor, Mr Denny Kapandula, who rushed to Mutenda for an on the spot investigation were told by medical staff at the Government clinic that babies attacked by the disease died after severe diarrhoea and vomiting. The medical staff reported to the two officials that the mysterious disease could be gastro-enteritis. But after closer examination Dr Saxena ruled out the disease which causes stomach inflammation in children of all age groups because the disease had only affected babies below one year and mothers of the babies had indicated they only breastfed them. Dr Saxena told Mr Kapandula the exact cause and type of the disease should be known in a week's time after intensive investigations are concluded. The disease struck first on May 15 and since then 20 girls and 30 boys have received treatment at the clinic and at Nchanga North hospital where they were later discharged after receiving adequate treatment. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 10 Jun 83 p 5]

CSO: 5400/282

MEASLES EPIDEMIC HITS HARARE; 3 CHILDREN DEAD, 583 HOSPITALIZED

Bulawayo THE CHRONICLE in English 5 Jun 83 p 1

[Text] With three children dead and 583 others hospitalised with measles, Harare's City Health Department is hoping to control an epidemic by immunising as many children as possible.

A two-week anti-measles campaign starting on June 13 will encourage parents to take children between six months and five years old for vaccination.

A spokesman from the City Health Department said: "Measles is serious but avoidable if the child is immunised. But already it has reached epidemic proportions this year."

Last year there were 140 admissions and three deaths from measles in the City's infectious diseases hospitals. He could not give figures for Central Hospitals "although they usually take the most ill."

The reasons for the epidemic are the number of children coming to urban areas which has changed the "herd immunity" in the towns.

Most of the children with measles are from rural areas," the spokesman said.

"With crop failure because of the drought the tendency is that measles is more severe in malnourished children."

The anti-measles campaign is an on-going exercise that complements the expanded programme of immunisation by the Ministry of Health.

The vaccinations are free of charge and there will be nursing staff on duty in every City Health Department's clinic to immunise children.

"In order to extend the out-reach into the community, a mobile clinic will be on tour in specified areas, including squatter settlements between June 13 and 29.

After the vaccinations the child may run a slight temperature for a few days.

The child should be cooled down and given an aspirin. But if the mother is worried, she should go back to the clinic.

Meanwhile, in Bulawayo last March, the City Medical Officer for Health, Dr Barnet Nyathi ordered that all children under the age of five who had been in the City for less than three months be immediately taken to the nearest clinic for vaccination.

Cde Nyathi said that there had been an increase in cases of measles at the beginning of the year. The majority of the children affected were those who had arrived in the City from the communal areas.

CSO: 5400/288

## HEALTH MINISTRY REPORTS LEPROSY CASES

Bulawayo THE CHRONICLE in English 1 Jun 83 p 1

[Text]

**THERE** are over 4 000 known cases of leprosy in the country and an estimated 6 000 which officials of the Ministry of Health have not been able to trace, the Minister, Cde Oliver Munyaradzi, said in Harare yesterday.

He told Ziana that the situation was "very serious" considering that those affected were in a very bad condition.

Speaking soon after signing an agreement with the *Associazione Italiana Amici* di Rauli Folliereau of Italy who have agreed to donate \$100 000 for the next two years towards the implementation of the National Leprosy Control Programme, Cde Munyaradzi said the disease was prevalent in Mutoko, Murewa and the valleys of the Zambezi and Limpopo rivers.

"During the war of liberation, ambulatory leprosy treatment services broke down and contact with such

patients was lost since there was no follow up."

The Minister underlined the objectives of the National Leprosy Control Programme as being:

- To organise an active case-finding programmes and treatment facilities.

- The improvement of diagnostic capabilities.

- Detection of sulphone resistance and complications and prevention of disabilities and surveillance of contacts.

- The development of leprosy training programmes for health workers at all levels.

- The improvement of health education and community information about the disease in conjunction with tuberculosis and other diseases.

## FULLTIME

He said the Ministry's objectives would be accomplished by the engagement of a full time leprologist who would give technical guidance and ensure co-ordination of leprosy control services throughout the country.

The man would also be charged with the planning, organising and implementation of various activities of leprosy control and to supervise and evaluate them and to collect data for a central register and establish periodic reports in collaboration with provincial services.

He would also participate in the training programmes of all health workers.

Cde Munyaradzi said it was intended that by the end of the two years, leprosy - control activities would be integrated with the general health services at all levels.

The Italian Ambassador to Zimbabwe, Cde Ilan Pessa, who signed on behalf of the non-government organisation said the donation was an "appreciable effort" towards the integration of government - to government co-operation.

The ambassador said cases of leprosy in his country had been completely eradicated save for a few which were brought in by visitors.

—Ziana.



## BRIEFS

**ANTI-TSETSE DRIVE PLANNED**--The European Economic Community will fund an SADCC tsetse fly control programme involving Zimbabwe, Zambia and Mozambique, says the Deputy Minister of Agriculture, Dr Swithun Mombeshora. Addressing a gully reclamation field day in Chesa district this week, Cde Mombeshora said he could not tell when the exercise would get off the ground. He said Zimbabwe could not do the exercise alone as there would be an infiltration of tsetse fly from neighbouring countries. He was concerned that a similar exercise being carried out in Gokwe had been meeting resistance and urged farmers to cooperate. Communal and resettlement farmers could get a loan from the Agricultural Finance Corporation to buy cattle from the Cold Storage Commission feedlots at 50c a kg live weight. It would not be profitable to buy fewer cattle because some could die, resulting in considerable losses, he said. Farmers wanting to buy the cattle would have to prove that they could maintain them. "There are many cattle dying in other parts of the country and, hopefully, farmers who can afford to, will take advantage of buying these cattle," he said. The Deputy Minister of Natural Resources and Tourism, Cde Joseph Taderera, who officially opened the field day, appealed to farmers to prepare their sons to take over the farms when they get old. He said construction of dams in some parts of the country was being held back by siltation, and he appealed to farmers to put a high value on their heritage--soil and natural resources. "Zimbabwe is not expanding, but the population is increasing at an alarming rate," he said. Cde Taderera spoke of advantages which could be got from selling game to generate funds for development, giving an example of kudu generating \$7600. The field day was organised by Cde Francis Mashayamombe, regional officer for Agritex. [Text] [Harare THE HERALD in English 4 Jun 83 p 3]

**TB INCREASES**--The number of cases of tuberculosis reported to the Vereeniging branch of the South African National Tuberculosis Association has risen steeply. In 1981 the figure was 184; last year it was 247, the second-highest in 13 years. "Far from winning the battle against tuberculosis or even holding our own, so to speak, we are in fact losing," said Dr H. Bernstein, the branch chairman, at the annual meeting recently. "There is no doubt in the minds of most authorities now that socio-economic factors are the overriding reasons for this." Dr Bernstein said South Africa was one of the few developed or semi-developed countries in the world where the incidence of tuberculosis was rising, even though "we have the skills, the enthusiasm, the will and the money to beat this blot on our nation."

he said the answer to the disease lay in improving living standards. "This has been proved during our own lifetime by the experience of other nations, particularly in Europe. "It has also become apparent that the policy of more out-patient treatment and less hospitalisation, desirable as it is, has not had the hoped-for effect. "The best results are still obtained with bed rest, adequate food and supervised medication." [Text]  
[Johannesburg THE STAR in English 4 Jun 83 p 7R]

CSO: 5400/288

# CONTROVERSY OVER LAB USE OF FOOT-AND-MOUTH VIRUS REVIVES

## Warning of Human Error

Sydney THE SYDNEY MORNING HERALD in English 3 May 83 p 13

[Article by Paola Totaro]

**[Text]** A senior Canberra scientist has condemned CSIRO proposals to import live foot and mouth disease virus for use in research.

Dr Adrian Gibbs, head of the ANU's virus ecology research group, says a decision to import the virus could create "a hazard of great cost to Australia."

He said the CSIRO's new laboratory in Geelong, where the virus would be kept, would harbour an enormous hazard, and new techniques made it unnecessary to import live virus.

The laboratory, the Australian National Health Laboratory, is due to be completed this year at an estimated cost of \$150 million. It

will be Australia's most advanced animal research establishment.

Biological security will be tight. Four of its five floors are taken up by equipment designed to contain contaminants within the area of the central laboratory floor.

Dr Gibbs claims, however, that human error is usually to blame for the escape of viruses.

"Half the recent outbreaks of foot and mouth disease in Europe are traceable to vaccines containing an improperly inactivated virus or to the escape of the virus from research centres," he said.

According to the CSIRO, the live virus is needed for essential diagnostic and research activities and also to educate Australian veterinarians on the symptoms of the disease.

But Dr Gibbs said: "Vets can be shown the full range of foot and mouth disease symptoms more safely on film and, if needed, vets should be sent overseas for more specific training."

"Spectacular progress has been made overseas with research on genetically engineered or synthetic vaccines and these, unlike inactivated virus vaccines, cannot be infective."

Two independent committees set up by the Australian Science and Technology Council and the Australian Academy of Science are investigating the proposal to import live vaccine.

An outbreak of foot and mouth disease would halt the estimated \$1,400 million a year meat export industry until the disease was contained.

## 5-Year Ban Proposal

Sydney THE SYDNEY MORNING HERALD in English 7 May 83 p 7

**[Text]** CANBERRA — Foot-and-mouth disease virus will not be imported into Australia for nearly five years if the Government accepts the recommendations of two reports tabled in Parliament this week.

The reports — prepared by the Australian Science and Technology

Council — also recommend that Australia's capability of identifying the disease be upgraded in the interim.

The reports deal with the use of live exotic viruses at the new Australian National Animal Health Laboratory in Geelong and with opportunities for the exploitation of biotechnology in Australia.

The report recommends that live foot-and-mouth virus not be imported for use at the laboratory until the end of 1987.

In the intervening years, it proposes a small research group should be located at an overseas animal health laboratory with access to

BRIEFS

'MYSTERIOUS' FISH DISEASE--Penang, Wed.--Sahabat Alam Malaysia (SAM) yesterday called for a full-scale survey by the Government into the "mysterious" disease affecting fish in padi fields. SAM President Encik S. M. Mohd. Idris said greater inputs into research at the field level to formulate and implement effective remedial measures were imperative to stop the problem faced by farmers. Encik Mohd. Idris said there was a general consensus that a chemical pollutant derived, singly or collective, from the application of pesticides and fertilisers triggered the disease. [Text] [Kuala Lumpur THE NATIONAL ECHO in English 26 May 83 p 3]

CSO: 5400/4427

NEW INFECTIOUS SWINE DISEASES REPORTED

Nanjing XUMU YU SHOUYI [ANIMAL HUSBANDRY AND VETERINARY MEDICINE] in Chinese  
No 5, 20 Oct 82 pp 218-221

[Article by Cai Baoxiang [5591 1405 4382]: "Introducing Several Newly  
Discovered Infectious Diseases of Swine"]

[Summary] Rapid progress in virology, bacteriology, immunology, and other biomedical sciences in recent years has been beneficial for the study of infectious diseases in domestic animals and many have thus been discovered or correctly diagnosed to help propose effective measures of prevention and treatment. The following new infectious diseases of swine are described: (1) Porcine epidemic diarrhea, PED: The so-called swine infectious gastroenteritis in China has most recently been proved to be this disease. (2) Hemagglutinating encephalomyelitis, or AEV; (3) Porcine SMEDI group of enteroviruses; (4) Porcine parvovirus infection, PPV; (5) Porcine contagious pleuropneumoniae. Other than disease No 1, incidences or related diseases in China are not mentioned.

6248

CSO: 5400/4139

## PORTUGAL

### CATTLE PLEURAL PNEUMONIA THREATENS MEAT, DAIRY SUPPLIES

Lisbon EXPRESSO in Portuguese 21 May 83 p 6

[Excerpts] The immense dairy industry in Beira Litoral, located primarily in the Aveiro region, is seriously threatened as a result of the spread of pleural pneumonia. The situation gives cause for concern, particularly as the disease is highly contagious and incurable. It is now feared that it has already infected thousands of heads of cattle, mainly in the municipalities of Montemor-o-Velho, Cantanhede, Figueira da Foz, Moimenta da Beira, Murtosa, Oliverira de Azemeis and Albergaria-a-Velha.

The Regional Agricultural Directorate of Beira Litoral has already implemented a series of measures to control the epidemic, including a ban on entering cattle in fairs, markets, exhibitions, and competition, and it has passed measures restricting their transport.

#### 58 Cases

Thus, the transport or movement of cattle in Beira Litoral is only permitted after prior authorization....

At the current time, 58 foci of pleural pneumonia have been detected in the seven municipalities referred to earlier, and 67 head of cattle have been slaughtered (primarily in the municipalities of Montemor and Cantanhede). Moreover, about 7,000 animals have been tested. Whenever a case of contamination is discovered, a 5-kilometer zone around the spot is immediately isolated and blood samples are taken of all the cattle in that zone. Up to the end of last week, nearly 16,000 heads of cattle were quarantined and had been given blood tests in the municipalities of Montemor-o-Velho, Cantanhede, Figueira da Foz, Moimenta da Beira, Murtosa, Oliverira de Azemeis and Albergaria-a-Velha, out of a total of about 120,000 heads of cattle in the Beira Litoral region.

If the epidemic is not checked quickly, it is acknowledged that the normal supply of fresh meat and milk to the domestic market will soon be jeopardized.

The regional agricultural director in Beira Litoral, Torres da Costa, told EXPRESSO that pleural pneumonia is spreading, so that it can only be

erradicated by systematically combatting the disease, with the help of all authorities, and specifically city councils and the GNR [Republican National Guard].

#### A Border Issue

The origin of the current epidemic, which is threatening to become a national disaster, has not yet been determined, but everything seems to indicate that it has come from cattle smuggled from Spain. In mid-1982 in fact, pleural pneumonia foci were discovered in southern France, in the Pyrenees region along the border with Spain. They were considered to be erradicated by the French health authorities several months later. However, in January of this year, cases of pleural pneumonia were discovered in Monaco, and the disease rapidly spread to practically the entire region between the Douro and the Minho and from there to the areas presently affected: Trás-os-Montes, Ribatejo Oeste and Beira Litoral. It is acknowledged that in that period the disease spread to some areas of Spain, and from there was carried to Minho by cattle smugglers. The negligence and silence of the Spanish health authorities therefore contributed to the spread, as they never reported a single case of pleural pneumonia, and even went so far as to consider the disease as officially nonexistent in the country.

It appears, however, that it is not only the Spanish authorities who are responsible for the current situation. Large numbers of cattle are known to cross our border with the greatest ease and suddenly appear in Portugal, with all the required legal documents, including waybills approved by veterinarian agencies.

9805

CSO: 5400/2544

RINDERPEST CAMPAIGN IN FIVE MAINLAND REGIONS 'SUCCESSFUL'

Dar es Salaam DAILY NEWS in English 25 May 83 p 3

[Article by Mathew Muniku]

[Text] The rinderpest vaccination campaign which started a fortnight ago in five Mainland regions is going on successfully, the Principal Secretary in the Ministry of Livestock Development, Ndugu Saidi Madallali, said in Dar es Salaam yesterday.

He told the Daily News that 571,730 head of cattle out of the estimated 1,915,000 had so far been vaccinated in Arusha, Tanga, Dodoma, Morogoro and Kilimanjaro regions.

The vaccination exercise has been held responsible for meat shortage, particularly in the urban areas. Dar es Salaam with a large population of meat eaters is among the badly hit.

The success of the campaign has been made easier with the co-operation of livestock owners in the five regions. More financial help is expected from outside the country, the Principal Secretary said.

Ndugu Madallali said that some five million shillings was expected from the European Economic Community (EEC) for the purchase of 4.5 million doses of rinderpest vaccine and motor vehicles and tyres.

From July this year, the campaign will be intensified in other regions. These include Tabora, Shinyanga, Mwanza, Kigoma and Kagera.

Ndugu Madallali appealed to livestock keepers in the areas affected to open up roads and centres in preparation of the vaccination exercise.

He said the Minister for Livestock Development, Ndugu Herman Kirigini, had expressed satisfaction with the progress so far in the campaign.

CSO: 5400/279



**'MYSTERIOUS' CATTLE DISEASE IN CHOMA, KALOMO DISTRICTS IDENTIFIED**

**Kalomo Cattle Deaths**

Lusaka TIMES OF ZAMBIA in English 24 May 83 p 3

[Excerpt] In Kalomo, ZANA reports that the two-year drought in Southern Province and a mysterious disease are killing an average of three cattle daily in the district. Dundumwense Member of Parliament, Mr Abel Munampamba said yesterday.

Chikanta Ward chairman Mr George Nyanga also confirmed the situation.

Mr Nyanga said about 200 cattle had so far died in the area from an unknown disease in the past three months.

He said the animals die within a short period after bleeding and purging blood.

**Provincial Livestock Officer's Statement**

Lusaka TIMES OF ZAMBIA in English 26 May 83 p 5

[Excerpt] The diseases killing cattle in Choma and Kalomo districts have been identified as tripanosomiasis, haemorrhagic septicemia and corridor diseases, provincial livestock officer Mr Isaac Mwenya said in Livingstone yesterday.

Mr Mwenya said the diseases which Mbabala Member of Parliament Mr Edward Nyanga said had claimed a number of animals were corridor and haemorrhagic septicemia.

He said veterinary officers were already in Malindi and Ngolwe in Chief Mapanza vaccinating and dipping animals. The team was dispatched there after the diseases were identified from blood samples in laboratories.

The disease in Kalomo district had been identified as tripanosomiasis for which the animals were being vaccinated.

He said there was no need to panic because his department had sufficient drugs and dips to contain the situation.

CSO: 5400/276

## FOREIGN EXCHANGE APPROVED FOR IMPORT OF EAST COAST FEVER CUPE

Lusaka TIMES OF ZAMBIA in English 1 Jun 83 p 8

[Text]

FOREIGN exchange has been approved for the importation of the new drug that can cure the dreaded East Coast Fever. Cooper Zambia Ltd., are importing the drug from Wellcome, Kenya.

It is called CLEXON and it is in the form of a ruby coloured solution designed for injection into cattle at 1ml per 15 kg bodyweight.

A 450kg animal will thus require 60ml of the solution. As with any new drug the cost of treatment will be high.

However, hopefully as its use spreads and mass production is possible the cost will fall. Because of the high cost it will be sometime before the new drug is widely available in rural areas.

It should however be invaluable for commercial farmers in areas at risk.

The Veterinary department could also use it to minimise deaths in areas where an outbreak of the disease has occurred.

The new drug has been developed at Muguga in Kenya in cooperation with Wellcome laboratories in the United Kingdom.

The drug is parvaquone which takes its name from the Latin name of the organism causing the disease, *Theileria parva*.

It produces a very complicated disease called Theileriosis which has several forms. One of these is East Coast Fever which occurs particularly along our border with Malawi.

Another is Corridor Disease which has been a major problem in Southern Province. It is caused by a closely related organism transmitted by the same tick, the Brown Ear Tick.

According to Dr. A.E. Oteng, formerly of National Council for Scientific Research (NCSR), the main tick which is responsible for spreading Theileriosis, the Brown Ear Tick, is found throughout the country.

Fortunately deaths from the disease have so far only occurred in Northern, Eastern and Southern provinces but with the ticks present there is a serious risk of the disease spreading to other provinces.

Many cattle have died from the disease in Monze and Choma districts in recent years.

Dr Oteng did his research mainly in the Chadiza district of Eastern Province. This is in an area where Theileriosis has been an annual threat for many years. To find out more about the disease Dr Oteng and a team led by the Chadiza livestock officer visited the area every month to collect samples.

Ticks were collected from the ground and from cattle while blood tests were carried out to see how many animals were infected.

Over 50 per cent of cattle were found to be carrying the organisms and, contrary to expectations, even calves of two months old were also infected.

The new drug does not mean that dipping of cattle can be stopped. According to Dr Oteng's findings farmers in Chadiza should be extremely careful about dipping their cattle during the months September to November.

This is a time when dipping may often be neglected due to

the pressure of cultivation work. Although it is a time when people thought ticks were not such a great problem it is in fact a time when cattle are covered with small immature ticks.

This is because it is necessary for the tick to attach itself to a living animal if it is to survive the long dry season.

Dipping at this time can do a great deal to reduce the more obvious problem of tick infestations after the rains start.

The most serious period for infection with Theileriosis is from December to March.

Cows that become sick with the disease normally die in about three weeks from the day of infection.

However, Dr Oteng found that sometimes the disease follows a much slower course with the cow taking two to three months to die.

Cases which follow this longer course should give farmers time to diagnose the disease and obtain supplies of the new drug, CLEXON.

CSO: 5400/277

BRIEFS

HEILONGJIANG INSECT PESTS--Since early May, great numbers of grown beet webworms have been discovered in Songhajang, Suihua and Nenjiang prefectures and southern parts of Heihe prefecture in Heilongjiang Province. The provincial plant protection department has urged all localities to watch closely the grown beet webworms and make good preparation against pests. According to a survey conducted on 313 spots in 18 cities and counties in April, there were, on an average, 31.3 beet webworms on every square meter of land and their survival rate was 70 to 80 percent after winter. Both the number and the survival rate were the highest in our province's records. However, because of the rain and low temperatures in early June, the growth of the beet webworms was affected. If temperatures rise in the days to come, a great number of the beet webworms will lay eggs. In addition, if air currents permits, a great number of beet webworms will fly to the province from Nei Monggol in mid-June and will cause serious damage in certain areas. All localities are urged to have insecticides prepared and to guard against the pest. [Summary] [SK140235 Harbin Heilongjiang Provincial Service in Mandarin 1100 GMT 9 Jun 83]

BIOLOGICAL PEST ELIMINATION TECHNIQUES--Changzhou, 4 Jun (XINHUA)--China is studying biological methods of controlling pests attacking the country's crops, according to an investigation announced here today at a national symposium on biological pest control. The symposium, sponsored by the State Science and Technology Commission, started on 1 June and is attended by 100 bio-control experts and technical workers from throughout China. The investigation, which began in 1979, found hundreds of birds and insects that are natural enemies of crop pests. More than 700 species of beneficial insects and birds were identified in Guangxi, Hubei and several other provinces. Four hundred twenty-five were found in the rice-growing province of Zhejiang, and 130 in the wheat fields of Gansu, others were found effective against pests attacking vegetables, tea and fruit trees. The symposium held that the dissemination of knowledge of biological method and the training of specialists, which were started during the investigation, will be further promoted. [Text] [Beijing XINHUA in English 1100 GMT 4 Jun 83]

CSO: 5400/4147

# ALL-OUT WAR AGAINST LOCUSTS UNDERWAY IN PARTS OF MINDANAO

Manila BULLETIN TODAY in English 11 Jun 83 pp 1, 12

[Text]

The Ministry of Agriculture said yesterday that an all-out war on locusts is now underway in infested parts of Mindanao.

The ministry said the infestation is within "manageable levels" and there is no cause for alarm.

Assistant Agriculture Secretary for Crops Domingo Panganiban said swarms of locusts in their formative or solitarious stage have been spotted in some areas and are now being killed by pest control teams.

"The situation is under control and there is no cause for alarm," Panganiban said.

The ministry's assurance was apparently directed at farmers and big planters whose rice, corn, fruit-bearing trees, and other crops are threatened by the locust infestation.

He said locusts in their formative stage have been spotted in some 10 hectares of land mostly near

General Santos City.

Reports reaching Manila also confirmed the presence of locusts in parts of North Cotabato.

Panganiban said pest control teams were also checking on possible locust infestation in other areas.

Some sectors have expressed fears that the peace and order situation in some areas may hamper the movement of pest control teams. (Fred Lobo)

**GENERAL SANTOS CITY, June 10** — Locust infestation may possibly erupt in four other provinces in the country, Alejandro Yadao, one of the country's experts in locust control, said.

The other locust-prone areas are Masbate, Leyte, Kalinga-Apayao, and Mindoro, he said.

The insect traditionally appears in those areas whenever there is an infestation in Southern Cotabato, Yadao said.

Yadao, designated by the Agriculture Ministry as chief locust annihilator in Regions 11 and 12, met with field technicians in Tacurong, Sultan Kudarat, to assess the pest problem in Mindanao and draw up a coordinated plan.

Reports submitted by field personnel of the MA during the meeting showed that the Mindanao locust problem is already under control.

The people's participation in the locust control is one of the effective means of battling the problem, Yadao said.

Children and adults have been gathering locusts to be sold to the market as food at P5 per liter. They asked Yadao to suspend spraying operations and allow the locust to grow until they are in the subadult stage so they can be sold. (Vet Vitug)

## BRIEFS

LOCUSTS THREATEN MINDANAO TOWNS--Drought-stricken farms in Mindanao face another specter: Locusts. The Ministry of Agriculture reported yesterday that it has sent pest control teams to help contain the spreading of locust hoppers, which have been seen breeding in 313 hectares of rice and corn farms in 16 towns of Mindanao. Agriculture Minister Arturo R. Tanco Jr. said that if the infestation worsens, he will ask citizens, by virtue of Locust Act No. 2472, to work with pest-fighting teams at least two days a week. Infestations have been reported in Sultan Kudarat, Maguindanao, North and South Cotabato, including Gen. Santos City. Most of the affected areas were newly-planted rice and corn farms which had been destroyed by the seven-month-drought, Tanco said. A memorandum sent by Assistant Secretary Domingo F. Panganiban to Tanco said that locusts collected and identified are still in the "solitarious stage", meaning they still have to mate and multiply. It will take one to three months before they turn into a destructive swarm, he said. Locusts usually come after a drought. The last locust breakout was reported in 1972. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 7 jun 83 pp 1, 6]

CSO: 5400/4429

## COLORADO BEETLES RETURN TO COUNTRY

Entered From East Bloc Countries

Stockholm DAGENS NYHETER in Swedish 1 Jun 83 p 5

[Text] Several specimens of the dreaded Colorado beetle were discovered on Tuesday in two grocery shops in Goteborg and Trollhattan. In both cases they were found in imported produce from the Eastern bloc.

Agricultural authorities have issued a nationwide alert for increased preparedness, in order to keep the situation under control.

"I am convinced that there are more grocery shops with Colorado beetles in them besides the two we know about," Hans Jonsson of the produce inspection department in Goteborg told DAGENS NYHETER. "But unfortunately we can only do random sampling. We don't have the resources to check all the shops that have had shipments of Polish cabbage and lettuce."

The situation is deplorable, according to Hans Jonsson, because it is precisely the warm shop environment where the Colorado beetles have the opportunity to reproduce the fastest.

The first alert concerning Colorado beetles in Sweden was issued last week. Some 40 beetles were discovered at that time on a Pakistani ship in Uddevalla.

The ship, which had no produce on board, had just come from Gdynia in Poland, and the crew informed the Swedish customs officials of this fact. The ship was cleaned and sent on to the Netherlands.

After this occurrence, Colorado beetles were found in numerous locations in southern Sweden. In Malmo and Halsingborg, for example, they were found in four freight trucks carrying potatoes from Bulgaria. The trucks were sent back to Bulgaria immediately.

### Nation-Wide Alert

Beetles have also been found in a restaurant in Lund. But the most serious reports so far came from Goteborg and Trelleborg yesterday.

The agricultural authorities in Jonkoping have the overall jurisdiction over combatting incidents of this kind. They have therefore issued a nationwide alert calling for more thorough produce inspections in Malmo, Halsingborg, Goteborg and Stockholm.

"We will be examining especially thoroughly all vehicles coming from the Eastern bloc countries or those having come through those countries," Ulf Larsson, bureau director of the agricultural department said to DAGENS NYHETER. "Most of all we will be inspecting the potato shipments from Bulgaria that come flooding into Sweden this time of year."

According to Ulf Larsson, despite the alert, the situation is somewhat under control, and he thinks that it is not so terribly serious as long as only individual specimens of the beetle are found. Since the agricultural authorities have called for more thorough inspection, the beetles will at least not be coming over the Swedish border in vehicles, he thinks.

Exterminated in 1977

The last time Sweden was infested with Colorado beetles was 1972, when millions of them were fought off by spraying and other protective measures. The beetles were not completely exterminated until 1977.

Then as now, the beetles came from Poland. They were brought up on the warm air currents, in some cases as far north as Ostergotland.

"The worst thing that could happen now is for us to get strong southeast winds from Poland at the same time as the temperature gets warmer," Ulf Larsson said.

Meteorologist Anders Hammarback of SMHI [expansion unknown] in Norrkping told DAGENS NYHETER that southern Sweden can expect warmer weather as early as today, Wednesday. The temperature will rise to 20 degrees Celsius, perhaps a little more. But at the same time the wind will be weak and will be blowing in an approximately southerly direction.

Cold Front

On Thursday, a cold front accompanied by rain will be coming in over southern Sweden, and the temperature will drop to approximately fifteen degrees Celsius. But ahead of the low pressure area there will be fresh easterly winds which will pass over both Poland and Scania.

It is easy to understand why the agricultural authorities and the national produce inspection authorities are most worried right now about winds and temperature. The situation right now is obviously quite a bit like the situation of eleven years ago.

According to the First Secretary of the Swedish Embassy in Warsaw, Vilhelm Rappe, Colorado beetle infestation in Poland at this time is very heavy.



In a Telex message to the Ministry of Foreign Affairs, Rappe told how huge swarms are devastating all of southern Poland.

#### In Cities

But it is not only crops like tomatoes, tobacco and potatoes which are being attacked. Beetles are being found generally inside the big cities, like Warsaw, according to Vilhelm Rappe.

The reason for the large swarms is thought to have been the mild winter, combined with inadequate pest control last year.

Since opposition to chemical pest control is still high, the Polish authorities have now decided to enlist school children for help in mechanical pest control methods.

The Colorado beetle came originally from South America, but has since spread all over the European continent.

The Scandinavian countries have in fact been the only ones which have been able to control this pest relatively successfully. The beetle prefers potato plants and can destroy entire harvests.

#### Potato Imports From Bulgaria May End

Stockholm DAGENS NYHETER in Swedish 2 Jun 83 p 12

[Text] The produce inspection department at the agricultural authority in Jonkoping will stop importation of new potatoes from Bulgaria if the incidence of beetles or larvae increases in the potato shipments.

For the third time in a short period of time, a huge shipment of 16 tons of new potatoes from Bulgaria was stopped by customs officials in Halsingborg.

Colorado beetles were also found in Malmo on Wednesday, also in a Bulgarian potato shipment. Numerous beetles and larve were found.

It was Gert Lindkvist of the produce inspection department who, when testing the Halsingborg shipment by random sample, almost immediately found a centimeter-long Colorado beetle larva.

The ship's hold was sealed off immediately and the ship was sent back to its home port via Ystad.

"There is no reason for any further inspection of the shipment, which may have contained more larvae or Colorado beetles," said Lindkvist. "We have our orders. We reported what we found to the agricultural authorities."



In two earlier shipments of new potatoes from Bulgaria, one other larva and one adult Colorado beetle were found. These shipments were also returned immediately. In all three cases, Bulgarian authorities had inspected the shipments before they left Bulgaria.

Since that time they prepared a so-called health certificate that guarantees the cargo against plant disease or the presence of harmful insects. The certification proved to be misleading.

#### Six Trucks

Produce inspection authorities in southern Sweden found larvae last week in a total of six trucks carrying potatoes from Bulgaria. As soon as the inspectors determined that the cargo contained the larvae, they sealed up the trucks and sent them home.

All Thursday, the produce inspectors in Malmo will be inspecting all vehicles coming by ferry from Eastern bloc countries to Ystad and Trelleborg. Before now, all freight trucks have traveled with sealed cargoes from the ferry to Malmo for inspection. Now they will be inspecting the other vehicles, too, right at the ferry.

"All of eastern Europe is infested with the beetles," said produce inspector Ronny Holmquist in Malmo to Press Wire Service, Inc. The Ministry of Agriculture in Warsaw has released the information that large swarms have been found both in the cities and in the rural districts.

"We might be talking about stopping the importation of new potatoes from Bulgaria," bureau director Ulf Larsson of the agricultural authorities in Jonkoping said. "But we'll wait for a while. If the frequency increases we'll stop the importation. We still haven't found any Colorado beetles on the beaches in southern Sweden or out in the farm fields."

#### Rising Winds

Produce inspection authorities in Malmo are keeping in close contact with the weather service in Sturup. As soon as there are rising winds over Poland plus strong southeast winds, there will be the risk that large swarms of beetles will drift over to Sweden. That is what happened in 1972, when we were invaded by destructive swarms of the voracious potato-eating beetles.

Ronny Holmquist said that there were probably large quantities of larvae in the trucks which were lately sealed up. Each truck had some 20 tons of potatoes, packed in sacks.

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